	<b>Connecticut Department</b>	of Public H	lealth	$\mathbf{D}_{1}$	rinking	g Water	· Se	ection	
	Water Quality Mon	nitoring an	d Con	npl	liance S	Schedul	le		
PWS ID	PWS Name			Cla	ssification	Population	Ow	ner Type	Primary Source
CT0720174	B.O.Q. INVESTMENT INC				NC	25		Р	GW
Local Address (	where applicable)	Service	Residen	tial	Commerc	ial Industri	ial	Combine	d Agricultural
1649 ROUTE 12	2	Connections			1				
Towns Served:	LEDYARD					·			·
	Moi	nitoring Requ	iireme	nts	3				
Water System	Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)							
<b>Total Coliforn</b>	m (3100)					1	L ro	utine (RT	) per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period C	Collection Pe	riod	Comp	oliance Status
Select fror	m Inventory of Active Sampling Points		10/1/18 -	12/	/31/18			C	Complete
			1/1/19 -	3/3	1/19			C	Complete
			4/1/19 -	6/3	0/19			C	Complete
			7/1/19 -	9/3	0/19				
<b>Physical Para</b>	meters (PPS)					1	L ro	utine (RT	) per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period C	Collection Pe	riod	Comp	liance Status
Select fror	m Inventory of Active Sampling Points		10/1/18 -	12/	/31/18			C	Complete
			1/1/19 -	3/3	1/19			C	Complete
			4/1/19 -	6/3	0/19			C	Complete
			7/1/19 -	9/3	0/19				
Water System	Facility: ENTRY POINT (WSF ID: 007	00)							
Nitrate And N	Nitrite (NOX)						1	routine	(RT) per year
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period C	Collection Pe	riod	Comp	liance Status

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

# **Other Compliance Schedules**

 Compliance Schedule Activity
 Due Date
 Achieved Date

 CROSS CONNECTION EXEMPTION
 3/1/2019

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
21241	WELL	2	WELL	Α								
58221	PRESSURE STORAGE											

			C		ormation.				
			C	ontact ini	ormation				
Name				Organization	ı	Job Title			
Boq Investments, I	nc.								
Mailing Address Line One Mailing Addr			ress Line Two		City		State	Zip Code	
1649 Route 12						Gales Fe	rry	СТ	06335
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
860-464-2030									
Contact Role(s): O	wner				·				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

PWS ID	PWS Name				nd Com	Classifi				Primary Source
СТ0720174	B.O.Q. INVESTM	ENT INC				N	С	25	Р	GW
Local Address (w	here applicable)			Service	Residen	tial Co	mmercial Industrial		al Combin	ed Agricultural
1649 ROUTE 12				Connections		1				
Towns Served: L	EDYARD			·	·	·			·	·
Name										
Name			C	Organization					Job Titl	e
	couladitis			Organization S.O.Q. Investm	ents				Job Titl	e
Mr. Spiros A. Vit		N		.O.Q. Investm	ents			City	Job Titl State	e Zip Code
Mr. Spiros A. Vit Mailing Address	Line One	N	В	.O.Q. Investm	ents		New Lo			-
Mr. Spiros A. Vit Mailing Address 151 Ocean Aven Business Phon	Line One ue	N Fax	Mailing Addres	s.O.Q. Investm	ents Emergency	Phone		ndon	State	Zip Code

Connecticut Department of Dublic Health Drinking Water Costion

Contact Role(s): |Administrative Contact, Legal Contact

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0720194	ANCHOR BAPTIST CHURCH				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
52 FANNING RD		Connections			1			

Towns Served: LEDYARD

Monitorin	ng Requirements						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	0600)						
Total Coliform (3100)		1 rout	ine (RT) per quarter				
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>				
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete				
	1/1/19 - 3/31/19		Complete				
	4/1/19 - 6/30/19						
	7/1/19 - 9/30/19						
Physical Parameters (PPS)		1 routine (RT) per quarter					
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>				
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete				
	1/1/19 - 3/31/19		Complete				
	4/1/19 - 6/30/19						
	7/1/19 - 9/30/19						
Water System Facility: ENTRY POINT (WSF ID: 00700)							
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year				
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status				
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete				
	1/1/19 - 12/31/19		Complete				

	Wa	ater System Facili	ity and Sampling Po	oint Ir	nventor	ſy			
Water System	Water System Facility		Sampling Point		Total Coliform	Lead and Copper	_		Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		4-1	Men s Bathroom Upsta	Α	Υ				
		4-2	Men s Bathroom Downs	Α	Υ				
		4-3	Women s Bathroom Ups	Α	Υ				
		4-4	Women s Bathroom Dow	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21243	WELL	2	WELL	Α					

1/1/20 - 12/31/20

58570 BLADDER TANK

Contact Information										
Name				Organization	1		Job Title			
Mr. Lawrence Richi	mond			Anchor Bapt	ist Church		Pastor			
Mailing Address Lin	e One		Mailing Add	ress Line Two		City	State	Zip Code		
52 Fanning Road						Ledyard		СТ	06339	
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ac	ddress			
860-886-9892					860-464-2646					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		- 0 -		I			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0720194	ANCHOR BAPTIST CHURCH			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
52 FANNING RE	).	Connections		1			

Towns Served: LEDYARD

Contact Role(s): Administrative Contact, Legal Contact, Owner

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health	Drinking	g Water	Section	
	Water Quality Monitoring and Con	npliance S	Schedul	e	
D	PWS Name	Classification	Population	Owner Type	Primary S

PWS ID Source CT0720244 **NEW LIFE CHURCH** NC 25 GW Local Address (where applicable) Service Residential Commercial Agricultural Industrial Combined Connections 1729 CENTER GROTON ROAD 1

Towns Served: LEDYARD

Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Other Cor	mpliance Schedules		

## **Due Date**

**Achieved Date** 

**Compliance Schedule Activity** RESPOND TO SANITARY SURVEY 2/8/2019

	W	/ater System Facili	ity and Sampling P	oint Ir	ivento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21248	WELL	2	WELL	Α					
58574	BLADDER TANK								

				Contact Inf	ormation				
Name		Organization	า		Job Title				
Mr. Johnny Burns	Johnny Burns New Life Church Pastor								
Mailing Address Line One Mailing Addr				dress Line Two			City	State	Zip Code
1729 Center Grotor	729 Center Groton Road					Ledyard		СТ	06339
<b>Business Phone</b>	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Address			
860-464-9098		860-464-2	2407			nlchurch@snet.net			
Contact Role(s): A	dministrative	Contact, Leg	al Contact						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarty 1.10111th	or mig and	a don	ipiianee t	Jeneau		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0720244	NEW LIFE CHURCH	NC	25	Р	GW		
Local Address (v	vhere applicable)	Service	Residen	tial Commerci	ial Industri	al Combine	ed Agricultural
1729 CENTER G	Connections		1				
Towns Served: I	EDYARD						

# Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Source CT0727094 3 CENTER DRIVE NC 34 P GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural

Local Addres	ss (where applicable)			Service	Residentia	al Co	mmercial	Industrial	Combined	Agricultural	
3 CENTER D	RIVE			Connection	15 1		1				
Towns Serve	ed: LEDYARD										
		r	Monit	oring Rec	quirement	ts					
Water Syst	em Facility: <b>DISTF</b>	RIBUTION SYSTEM	(WSF I	D: 00600)							
<b>Total Colif</b>	orm (3100)							1 rc	utine (RT) p	er quarter	
Sampli	ng Point (Sampling P	Point ID)			Monitoring	, Peri	od Col	lection Perio	d Complic	ance Status	
Select f	from Inventory of Act	ive Sampling Points			10/1/18 - 1	2/31/	18		Coi	mplete	
					1/1/19 - 3,	/31/1	9		Coi	mplete	
					4/1/19 - 6,	/30/1	9				
					7/1/19 - 9,	/30/1	9				
Physical Pa	arameters (PPS)							1 rc	outine (RT) p	er quarter	
Sampli	ng Point (Sampling P	Point ID)			Monitoring	, Peri	od Col	lection Perio	d Complic	ance Status	
Select f	from Inventory of Act	ive Sampling Points			10/1/18 - 1	2/31/	18		Coi	mplete	
					1/1/19 - 3,	/31/1	9		Coi	mplete	
					4/1/19 - 6,	/30/1	9				
					7/1/19 - 9,	/30/1	9				
Water Syst	em Facility: ENTR	Y POINT (WSF ID:	00700)								
Nitrate (1	040)							1 rc	outine (RT) p	er quarter	
Sampli	ng Point (Sampling P	Point ID)			Monitoring Period Collection				tion Period Compliance Status		
ENTRY	POINT (3)				10/1/18 - 1	2/31/	18		Coi	mplete	
					1/1/19 - 3,	/31/1	9		Coi	mplete	
					4/1/19 - 6,	/30/1	9				
					7/1/19 - 9,	/30/1	9				
Nitrite (10	041)							:	1 routine (R	T) per year	
Sampli	ng Point (Sampling P	Point ID)			Monitoring	, Peri	od Col	lection Perio	d Complic	ance Status	
ENTRY	POINT (3)				1/1/18 - 12	2/31/	18		Coi	mplete	
					1/1/19 - 12	2/31/	19		Coi	mplete	
					1/1/20 - 12	2/31/2	20				
		<b>Water System</b>	<b>Facil</b> i	ity and Sa	ampling P	oin	t Inven	tory			
Water							Tot	al Lead an	d		
•	<b>Vater System Facility</b>		_	Sampling P			Colife			Stage	
Facility ID		<del>-</del>	D	Description		Sta	tus Ru	le Rule Tie	er Asbestos	WQP 2 DBPI	
00600	DISTRIBUTION SYSTEN	1	4	DISTRIBUTION	ON SYSTEM	/	A				
		DOWN:	STREAM	WITHIN 5 S	ERVICE CON	1	A				
		UPST	REAM	WITHIN 5 S	ERVICE CON	-	4				
00700 E	NTRY POINT		3	ENTRY POIN	NT	,	4				
59448 V	VELL 1		2	WELL 1		1	4				
			Con	tact Info	rmation						
Name			0	rganization					Job Title		
Mr. Bryan H	layes							Owner			
Mailing Add	ress Line One	Mailing	g Addres	s Line Two				City	State	Zip Code	
			er Drive				Ledyard		СТ	06339	
Business P	Phone Extension	Fax	Mobi	le Phone	Emergency P	hone		ldress	1		
							1.				

860-501-1327

860-464-6695

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	donnectical Department of Labore freaten Diffixing Water Dection									
Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source	
CT0727094	3 CENTER DRIVE					NC	34	Р	GW	
Local Address (w	here applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
3 CENTER DRIVE			Connection	s 1		1				
	Towns Served: LEDYARD									
000 301 1327	500 301 1327 501 yannayeshee yanoo.com									

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact, Owner

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

			CD 11: I	1.1 D	1 .	•	A.7	2			
	Connecticut De Water Oi	partment o uality Mon				_					
PWS ID	PWS Name	active from	10011118 0111					Owner Type P	rimary Source		
CT0727104	MAUGLE SIERRA VINEYA	RDS LLC			NC		32	P	GW		
Local Address (	where applicable)		Service	Residentia	I Comm	ercial	Industrial	Combined	Agricultura		
825 COLONEL I	LEDYARD HIGHWAY		Connections					2			
Towns Served:	LEDYARD							l			
		Moni	itoring Requ	uirement	:S						
Water System	n Facility: DISTRIBUTION	N SYSTEM (WSI	F ID: 00600)								
Total Colifor	m (3100)						1 1	outine (RT)	per quarter		
Sampling	Point (Sampling Point ID)			Monitoring	Period	Colle	ection Peri	od Compli	ance Status		
Select fro	m Inventory of Active Samp	ling Points		10/1/18 - 12	2/31/18			Со	mplete		
				1/1/19 - 3/	31/19			Со	mplete		
				4/1/19 - 6/	30/19						
				7/1/19 - 9/	30/19						
<b>Physical Para</b>	ameters (PPS)						1 ו	outine (RT)	per quarter		
Sampling		Monitoring	Period	Colle	ection Peri	od Compli	ance Status				
Select from Inventory of Active Sampling Points				10/1/18 - 12					mplete		
				1/1/19 - 3/				Co	mplete		
				4/1/19 - 6/	*						
				7/1/19 - 9/	30/19						
•	n Facility: ENTRY POINT	(WSF ID: 0070	0)								
	Nitrite (NOX)							1 routine (R			
	Point (Sampling Point ID)			Monitoring		Colle	ection Peri		•		
ENTRY PO	INT (3)			1/1/18 - 12/31/18 Complete							
				1/1/19 - 12				Со	mplete		
		- • • • • • • • • • • • • • • • • • • •		1/1/20 - 12							
		Public No	otification R	-							
			Compliance	Notice			<u>fication</u>		<u>tification</u>		
Violation/Situa	ation		Period (4.4)	Tier				Due to DPH	Received		
E. Coli	•••		/1/18 - 9/30/18	3	12/3/20			12/13/2019			
	Water	System Fac	ility and Sai	mpling P	oint In	vent	ory				
Water	ton Contain English	Communities on Boris	at Carrellia a Dai			Tota					
System Wat Facility ID	ter System Facility	Sampling Poil ID	nt Sampling Poil  Description	nt		Colifoi Rule		er ier Asbestos	Stage		
	FRIBUTION SYSTEM	4	DISTRIBUTION	N CVCTENA	Status A	Kult	KUIE I	ici Manealus	WALL TOOL		
00000 DIST	IMBUTION STSTEIN	DOWNSTREA			A						
		POWINSINEA	INI ANIILIIIN 7 DEL	VAICE COIN	~						

60693 WELL 1			2	WELL 1	Į.	4			
				Contact Inf	ormation				
Name			Organization	1		Job Title			
Mr. Paul Maugle			Maugle Sierr	a Vineyards LLC	Owner/Winemaker				
Mailing Address Li	ne One		Mailing A	Address Line Two	ress Line Two			State	Zip Code
825 Colonel Ledya	rd Highway (CT	Rt 117)	P.O. Box	220	) Ledyai			СТ	06339
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	y Phone Email Address			
860-464-2987					860-334-5613	pdm-a@comcast.net			
Contact Role(s):	Administrative	Contact, Leg	gal Contac	t, Owner		•			

**ENTRY POINT** 

Α

3

00700 ENTRY POINT

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section	1
Water Quality Monitoring and Compliance Schedule	

	water quality monitoring and domphanes somedare									
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source		
CT0727104	T0727104 MAUGLE SIERRA VINEYARDS LLC					32	Р	GW		
Local Address (	Local Address (where applicable)			ntial	Commerci	al Industri	al Combine	ed Agricultural		
825 COLONEL L	Connections					2				

Towns Served: LEDYARD

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule